

**IDAHO STATE DEPARTMENT OF AGRICULTURE (ISDA)
REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS**

Date: _____

Name of Person Submitting Request: _____

Telephone Number of Person Submitting Request: _____

Mailing Address: _____
(where records are to be sent):

City: _____ State: _____ Zip: _____

Description of public records requested for disclosure (be as specific as possible;
use attached continuation page if necessary):

Idaho Code exempts certain documents from public disclosure. If the public records requested are exempt from disclosure, the requestor will be notified.

The requestor agrees to reimburse the ISDA for any public records provided, according to the fee schedule established in *ISDA's Public Records Law Policy*.

SIGNATURE OF REQUESTOR

Please mail or fax completed form to the attention of the appropriate ISDA program for which records are sought (e.g., Animal Industries, Agricultural Resources, Warehouse Control Program, etc.). If it is unclear which ISDA program the request should be directed to, please submit completed form to:

**Idaho State Department of Agriculture
2270 Old Penitentiary Road
Boise, ID 83712
Fax: (208) 334-2170**

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Date: _____

Name of Person Submitting Request: _____

Description continued: _____

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